

BEST AVAILABLE COPY

| CLAIMS ONLY | | | | | | | Application Number 10-645642 | | Filing Date | | |
|--------------|----------|--------|-----------------------|--------|------------------------|--------|---|-------|-------------|-------|--------|
| | | | | | | | Applicant(s) | | | | |
| CLAIMS | AS FILED | | AFTER FIRST AMENDMENT | | AFTER SECOND AMENDMENT | | * May be used for additional claims or amendments | | | | |
| | Indep | Depend | Indep | Depend | Indep | Depend | | Indep | Depend | Indep | Depend |
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| Total Indep | 01 | | | | | | 100 | | | | |
| Total Depend | 10 | | | | | | Total Indep | | | | |
| Total Claims | 11 | | | | | | Total Depend | | | | |
| | | | | | | | Total Claims | | | | |